

FILED MAR 20 1942-o. 1187.

Registration District No. \_\_\_\_\_

Primary Registration District No. 5415

36  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County FRANKLIN  
(b) City or town BOURBON (Rural) Yes  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Bourbon (Rural) Yes  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME HOUSTON E. ALLISON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 8, 1871  
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Franklin Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name John Allison

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Marjorie Witzgerard

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gus. Kamler

(b) Address Sullivan, Missouri.

17. (a) Burial (b) Date thereof 3/1/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill, Missouri

18. (a) Signature of funeral director Wm. P. Hoffman  
(b) Address Sullivan, Missouri.

19. (a) 3-1-42 (b) Houvenne  
(Date received local registrar) (Registrar's signature) 1139

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 27  
Year 1942 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Feb 14 1942 to Feb 21 1942  
that I last saw him alive on Feb 21 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis unknown  
Due to myocardial stenosis unknown  
Due to Chronic Endocarditis 11

Other conditions (Include pregnancy within 3 months of death)

Major findings: 92d  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_

23. Signature W. L. Kamler (a. D. or other) \_\_\_\_\_  
Address Sullivan Mo Date signed 3/5/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Edgar W. Laggan

Licensed Embalmer No. 3394

P. O. Address Sullivan, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**